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ABSPECIAL PROPERTY OF THE STATE	DEPA	<b>ХИТМ</b>	IKM T C	OF PU	PLIC	C HEALTH AND WE	LFARE		_		190	STATE FI	LE NUMBER
SOUNT GREENE  COUNTY  Town  SPRINGFIELD  North  FORM  GREENE  COUNTY  Town  GREENE  COUNTY  Town  GREENE  COUNTY  Town  SPRINGFIELD  Town  GREENE  County  GREENE  COUNTY  Town  GREENE  County  GREENE  Count	ON THIS STUB	_ '	AMEND.	ED		FILED FE	B ] 1 1962			<del></del>			
Continued   Cont	VS 300 I		1 1		<b>₹</b> 3					II .	•		admission):
SPAINAGE   SAME   STATE   SOUTH   STATE   ST		DEL	,	1	<b>\</b>	b. CITY (If outside corp		HIP only)	Length of stay in 13	b c. CITY	SUURI	GREEN	<u>K</u>
Continued of the foliation of the foli		MEN	,	1	1	OR	·		l .::	II OR	SPRTNCI	TIELD	ľ
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3   3   4   7   5   2   7   6   6   6   6   6   6   6   6   6	3397	~   <del>X</del>	,		1_	INSTITUTION I	LANDLEY HOS	P.	Yes 📉 No 🗆	]   NUKESS	1058 W.	WALNUT	Yes 🔲, No.
BDA FLORENCE MCEVILLY    SAME   SAME   S. COLOR OR RACE   WHITE   S. SAME	<del></del>	Ħ,	†+	<del>       </del>	3		First		Middle	Last	4. DATE	Month	Day Year
FEMALE  WHITE  Widowed B  Divorced   8/15/91 71   Months Days Hours M  B  OUT  OUT  OUT  OUT  OUT  OUT  OUT	- <u>A</u> 1		11.		1_			FLO	RENCE Mc		DEATH		
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TO O O O O O O O O O O O O O O O O O O	6	Ş .			Ti	during HOME working	Give kind of work done i life, even if retired)	106. KIND OF	BUSINESS OR INDUS			1	
SAAC THOMAS SMALLEY  13. WAS DECASED EVER IN U.S. ARRES FOREST  16. SOCIAL SECURITY NO.  17. INFORMANT  MRS. FRED GILBERT, SPRINGFIELD, M  INTERVAL SETWE  ONSET AND DEATH WAS CAUSED BY:  INMEDIATE CAUSE (a)  INTERVAL SETWE  ONSET AND DEATH  INS. OF RED GILBERT, SPRINGFIELD, M  INTERVAL SETWE  ONSET AND DEATH  INS. OF RED GILBERT, SPRINGFIELD, M  INTERVAL SETWE  ONSET AND DEATH  INTERVAL SETWE  INTERVAL SET	7 👩 🗀	ਤ∣ ¦	,		13.			13b. M	OTHER'S MAIDEN NA				
15. WAS DECASED EVER IN US. ARMED FORCES?  9.4.2.7.1  10  10  10  10  10  10  10  10  10		<u>5</u>	<b>                                     </b>								TH CHA		VILLY (DE
10	·		,		1: (Ye	o. WAS DECEASED EVER 'es, no, or unknown)1 (if v	IN U.S. ARMED FORCES? es, give war or dates of s	16. S	UCIAL SECURITY NO.	-, l	ח מידורים די		 10755 ~
INMEDIATE CAUSE (a)    13		-   -	,		1-					PIKO FRE	n GIFBEF	(I, SPRIN	
Which drive rise to above cause (a), stating the underlying cause last. Due to (c)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part in there a pregnancy in last 90 c   Ves   No   Unknown   Ves   Ves	ے ا	ا ام	11.	VEN	1	PART I.		(   2 .	-din-	Van-	La. 1	Visen.	ONSET AND DEA
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THE STORY OF THE STORY COLUMN CONTRIBUTION TO DEATH but not related to the terminal three a pregnancy in last 90 cm. and 10 three and 10 three courses the story of the story				8	1			)					
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19. WAS AUTOPSY PERFORMED? 20. LIME OF Hout Month, Day, Year MINJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20. LIME OF Hout Month, Day, Year MINJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 21. Limended the deceased from 22. Day on the date stated above, and to the best of my knowledge, from the causes stated. 22a. BUNAL, CREMATION, 23b. DATE 22c. NAME OF CEMETERY. OR CREMATORY 22b. ADDRESS 22c. DATE SIGNATURE 22a. BUNAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY. OR CREMATORY 22b. ADDRESS 22c. DATE SIGNATURE 22c. DATE SIGNATURE 22c. DATE SIGNATURE 22c. DATE RECD. BY LOCAL REG. 26a. RECOMPARY'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26a. RECOMPARY'S SIGNATURE 25. DATE RECD. BY LOCAL REG. 26a. RECOMPARY'S SIGNATURE 26. ADDRESS 26. DATE RECD. BY LOCAL REG. 26a. RECOMPARY'S SIGNATURE 27. FUNERAL DIRECTOR ADDRESS 28. BUNAL, CREMATION, 27b. DATE 27c. NAME OF CEMETERY. OR CREMATORY 27c. DATE RECD. BY LOCAL REG. 26a. RECOMPARY'S SIGNATURE 27c. DATE RECD. BY LOCAL REG. 26a. RECOMPARY'S SIGNATURE 27c. DATE S	=====	5  1	[ ] ,		8	PART II.	OTHER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO DE.	ATH but not related t	to the terminal	PART III. If decea	ised: was female regnancy in last on
19. WAS AUTOPSY PERFORMED? 20. LIME OF Hout Month, Day, Year MINJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20. LIME OF Hout Month, Day, Year MINJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 21. Limended the deceased from 22. Day on the date stated above, and to the best of my knowledge, from the causes stated. 22a. BUNAL, CREMATION, 23b. DATE 22c. NAME OF CEMETERY. OR CREMATORY 22b. ADDRESS 22c. DATE SIGNATURE 22a. BUNAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY. OR CREMATORY 22b. ADDRESS 22c. DATE SIGNATURE 22c. DATE SIGNATURE 22c. DATE SIGNATURE 22c. DATE RECD. BY LOCAL REG. 26a. RECOMPARY'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26a. RECOMPARY'S SIGNATURE 25. DATE RECD. BY LOCAL REG. 26a. RECOMPARY'S SIGNATURE 26. ADDRESS 26. DATE RECD. BY LOCAL REG. 26a. RECOMPARY'S SIGNATURE 27. FUNERAL DIRECTOR ADDRESS 28. BUNAL, CREMATION, 27b. DATE 27c. NAME OF CEMETERY. OR CREMATORY 27c. DATE RECD. BY LOCAL REG. 26a. RECOMPARY'S SIGNATURE 27c. DATE RECD. BY LOCAL REG. 26a. RECOMPARY'S SIGNATURE 27c. DATE S	<u>. 1</u>	2	1 1 .					. j • j.(#)	•		i	l —	r i i i i i i i i i i i i i i i i i i i
Desth occurred at 12:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.    222	<u>ا</u> <u>2</u>	*CME				19. WAS AUTOPSY 2 PERFORMED? YES NO			20b. DESCRIBE I	10W INJURY OCCURRE	D. (Enter nature of	<u> </u>	<u>                                       </u>
Death occurred at 12:05 P.M. mon the date stated above, and to the best of my knowledge, from the causes stated.  22a. SIGNATURE  (Degree or title)  22b. ADDRESS  22a. BUMAL, CREMATION, 23b. DATE  REMOVAL (Specify)  BURIAL  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG. 26. RECENTRAR'S SIGNATURE  ADDRESS  1. I attended the deceased from 12 / 3 and last saw her alive on 2 / 3 and last saw her alive	NO S	7.WE			EDICAL	20c. TIME OF Hour INJURY a.m.	Month, Day, Year	<del>-</del> - — —					
21. Lattended the deceased from 2/2/3 to 2/2/4 and last saw her slive on 2/2/4 and last saw he					*	20d. INJURY OCCURRED WHILE AT WORK [	📑   farm, fa	OF INJURY (e.g actory, street, o	j., in or about home, ffice bldg., etc.)	20f. CITY, TOWN, C	R LOCATION	COUNTY	STAT
Death occurred at 12 103 Fault m on the date stated above, and to the best of my knowledge, from the causes stated.  22c. BURIAL (CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION City, town, or county)  23a. BURIAL (CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION City, town, or county)  23b. BURIAL (Specify) 2/5/63 EASTLAWN SPRINGFIELD, MO.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RECONTRAR'S SIGNATURE 24. FUNERAL HOME 25. DATE RECD. BY LOCAL REG. 26. RECONTRAR'S SIGNATURE 25. DATE RECONTRAR'S SIGNATURE 25. DATE RECONTRAR'S SIGNATURE 25. DATE RE	A S. E.	∢			1	<del>- ,</del>	0/2	-/63		2/63	nd last saw her also	ve on 2/2/	63
23a. BUMAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION City, town, or county) (State)  REMOVAL (Specify) 2/5/63 EASTLAWN SPRINGFIELD, MO.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RECONTRAR'S SIGNATURE 1.1. LOHMEYER FUNERAL HOME 2.1. LOHMEYER FUNERAL HOME	B _ F				1			М.	m on			/ /	the causes stated.
23a. BUMAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION City, town, or county) (State)  REMOVAL (Specify) 2/5/63 EASTLAWN SPRINGFIELD, MO.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RECONTRAR'S SIGNATURE 1.1. LOHMEYER FUNERAL HOME 2.1. LOHMEYER FUNERAL HOME	JSE Vev			<u> </u>   <u> </u>	1			ee or title)					
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H.H. LOHMEYER FUNERAL HOME		ō,	<b>† †</b> ,	T P	23	3a. BUMAL, CREMATION, REMOVAL (Specify)		I		CREMATORY		•• • • • • • • • • • • • • • • • • • • •	• • •
0 )	١٩٩٦			BY AF		. H. LOHMEYE	ADDI CR FUNERAL	RESS		_	REG. 26. REGA		meet

## STATEMENT BY LICENSED EMBALMEI

or by		Student Embalmer No
working under	my personal supervision.	$-\rho$
Student		Signed led Judelley
	Signature of Student Embalmer	Licensed Embalmer No. #8/3
~,		P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.